CLAIMS AS FILED - PART I (Column 1) (Column 2)					0)		SMALL ENTITY			OTHER THAN	
TOTAL CLAIM	6		n 1)	(Colu	mn 2)	TYPE		<u>_</u>	OR		
TOTAL CLAIN		13				RA		FEE		RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA		BASI	FEE	355.00	OR	BASIC FEE	710.00
OTAL CHARGEABLE CLAIMS		\3 minus 20=		•		X\$	9=	• •	OR	X\$18=	
DEPENDENT CLAIMS		€ minus 3 =		3		X4	0=,		ÖR	X80=	240
MULTIPLE DEP	ENDENT CLAIM P	RESENT				+13	35=		OR	+270=	
If the differen	ce in column 1 is	less than z	ero, enter	"0" in c	olumn 2	Ť TÒ	ΓAL		OR	TOTAL	950
A STATE OF THE STA	CLAIMS AS A	MENDE	D - PAR	T II					المناويروا	OTHER	
	(Column 1)		(Colur	nn 2)	(Column 3)	SM	ALL I	ENTITY	OR	SMALL	
Total Total Total Total	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- FEE
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TV.		Minus	*** /	^		144	0-		OR	X80=	1.
Independer			1 6	2		X4	٠- ; ا		UHI		
	SENTATION OF M		PENDENT		42	+13	5⊒ OTAL		ÓΑ	+270≟ TOTAL ADDIT. FEE	
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